

**DEPARTMENT OF BENEFIT PAYMENTS**  
744 P Street, Sacramento, CA 95814

April 24, 1978

ALL-COUNTY LETTER NO. 78-12 (Data, Mgmt, Analysis Bureau)

TO: ALL COUNTY WELFARE DIRECTORS  
HOLDERS OF STATISTICAL REPORTS MANUAL

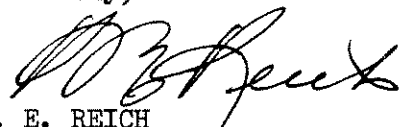
SUBJECT: REVISION TO FORM ABCD 350, "SEMI-ANNUAL RECIPIENT REPORT ON  
AFDC, SOCIAL SERVICES, MEDI-CAL-ONLY, AND NONASSISTANCE FOOD  
STAMP-ETHNIC ORIGIN AND PRIMARY LANGUAGE"

In order to comply with recent federal changes in the definitions of the racial/ethnic categories used to meet the requirements of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000 d to 2000 d-4), certain revisions have been made to the recipient report on ethnic origin/primary language (Form ABCD 350). The ethnic group classifications have been redefined and expanded, and the classification "Other non-white" has been excluded to conform with federal requirements.

In addition to the revised ethnic group definitions, a change has been made to the report format. An additional column has been added to both Part A (Ethnic Origin) and Part B (Primary Language Spoken) for reporting data on Medi-Cal-Only recipients and cases (i.e., Medically Needy and Medically Indigent). However, Medi-Cal-Only data will not be required for the April 1978 report but will be required for the subsequent October 1978 report.

Attached are copies of the revised Form ABCD 350 and instructions. Questions regarding the changes should be directed to the Information Desk, Data Management and Analysis Bureau at (916) 322-2230.

Sincerely,

  
R. E. REICH  
Deputy Director

Attachments

cc: CWDA

**SEMI-ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES,  
NONASSISTANCE FOOD STAMPS, AND MEDI-CAL ONLY  
ETHNIC ORIGIN AND PRIMARY LANGUAGE**

**SEND ONE COPY TO:**  
**Department of Benefit Payments**  
**Data Management and Analysis Bureau**  
**744 P Street, Mail Station 12-81**  
**Sacramento, California 95814**

COUNTY

FOR THE MONTH OF

YEAR

☐ APRIL    ☐ OCTOBER

**PART A. ETHNIC ORIGIN**

CODE	ETHNIC ORIGIN	NUMBER OF PERSONS		
		AFDC (FG/U, BHI)	SOCIAL SERVICES	MEDI-CAL-ONLY <sup>c/</sup>
1	White (not of Hispanic origin)			
2	Hispanic			
3	Black (not of Hispanic origin)			
4	Asian or Pacific Islander			
5	American Indian or Alaskan Native			
7	Filipino			
TOTAL <sup>a/</sup>				

**PART B. PRIMARY LANGUAGE SPOKEN**

ITEM	LANGUAGE	NUMBER OF CASES			
		AFDC(FG/U, BHI)	SOCIAL SERVICES	NONASSISTANCE FOOD STAMPS	MEDI-CAL-ONLY <sup>c/</sup>
1	Spanish				
2	Chinese				
3	Japanese				
4	Korean				
5	Filipino (Tagalog)				
6	Other Non-English (specify)				
7	English				
TOTAL <sup>b/</sup>					

REPORT PREPARED BY

TELEPHONE NUMBER

DATE

<sup>a/</sup> Total persons for AFDC must equal CA 237 FG/U, Item 8a (1) + 8a (2) + 8a (3) and CA 237 BHI, Item 8a.

<sup>b/</sup> Total AFDC cases must equal CA 237 FG/U, Item 8a and CA 237 BHI, Item 8a. Total Nonassistance Food Stamp cases must equal FNS-256, Item 1a, column (B). Total MEDI-CAL-ONLY cases must equal MC 237, Item 10.

<sup>c/</sup> Includes both Medically Needy (MN) and Medically Indigent (MI).

26-221 SEMI-ANNUAL RECIPIENT REPORT ON AFDC, SOCIAL SERVICES,  
MEDI-CAL-ONLY, AND NONASSISTANCE FOOD STAMP - ETHNIC  
ORIGIN AND PRIMARY LANGUAGE (FORM ABCD 350)

26-221

26-221.01 CONTENT

26-211.01

This report provides semi-annual data on ethnic origin and primary language on AFDC, Social Services, Medi-Cal-Only, and Nonassistance Food Stamp recipients.

26-221.02 PURPOSE

26-221.02

The data collection is necessary for (1) identifying problems regarding delivery of equal services to recipients, (2) providing management with data needed for measuring the effects and accomplishments of County Affirmative Action Programs, and (3) measuring compliance with Federal Civil Rights legislation.

26-221.03 DISTRIBUTION

26-221.03

Data from this report will be compiled and released to program managers, county welfare departments, and other interested persons and agencies.

26-221.04 DUE DATE

26-221.04

The report is to be received in Sacramento on or before the eighth day of the calendar month following the report period. Send report to:

Department of Benefit Payments  
Data Management and Analysis Bureau  
744 P Street, Mail Station 12-81  
Sacramento, California 95814

When data are unavailable, or have not been reconciled, transmit a report by the due date containing all available information. Attach a note indicating when the Department can expect to receive the rest of the report. Forward missing data as soon as available.

26-221.06 ETHNIC ORIGIN DEFINITIONS

26-221.06

White (Not of Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Black (Not of Hispanic origin) - All persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, and Samoa. Although persons of Filipino descent would normally be included under this category, because of a State requirement, Filipinos will be reported separately under the ethnic category, "Filipino."

26-221.06 ETHNIC ORIGIN DEFINITIONS (Continued)

26-221.06

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Filipino - All persons having origins in the original people of the Philippine Islands.

26-221.10 INSTRUCTIONS

26-221.10

The report months will be for April and October each year.

26-221.11 ETHNIC ORIGIN AND PRIMARY LANGUAGE PROCEDURE

26-221.11

Ethnic origin and primary language are to be determined by asking the applicant or recipient. If the applicant or recipient does not provide the information, it is the responsibility of the welfare department to make a determination based on observation and to record the necessary data.

26-221.12 SOCIAL SERVICES

26-221.12

Social Services are defined as those activities imposed by the requirements of Title XX of the Social Security Act dealing with social services for families and adults.

26-221.20 PART A. ETHNIC ORIGIN (PERSONS)

26-221.20

Applicable only to AFDC, Social Service, and Medi-Cal-Only recipients. Applications not yet determined eligible during the report month are not to be reported.

For each ethnic category, in the applicable column, report the number of persons receiving AFDC, Social Services, or Medi-Cal-Only services.

AFDC

Count all other members of the recipient's family in the same ethnic category as the recipient. Report each person in only one ethnic category.

Total persons count for the AFDC (FG, U, BHI) column must equal the total persons reported in Items 8a(1), 8a(2), and 8a(3), Form CA 237 FG/U and Item 8a, Form CA 237 BHI for the same report month.

Social Services

Report all persons (in AFDC, Adult Aids, Medi-Cal-Only, and Social Services Only) who actually received one or more social services (in the report month) provided directly by the county welfare department. Do not include persons for which services are purchased from other organizations and facilities or for which only information and/or referral services are given.

Report each person only once regardless of the number of different services provided during the report month. Persons reported can be from the same family budget unit; however, each person must have received a separate social service.

26-221.20 PART A. ETHNIC ORIGIN (PERSONS) (Continued)

26-221.20

Total persons count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

Medi-Cal-Only

A Medi-Cal-Only case is one not receiving Public Assistance payments but is Medi-Cal-eligible through a separate Medi-Cal determination that does not confer cash aid eligibility, i.e., medically needy (MN) and medically indigent (MI). Report all other members of the recipient's family in the same ethnic category as the recipient. Report each person in only one ethnic category.

26-221.30 PART B. PRIMARY LANGUAGE SPOKEN (CASES)

26-221.30

This part of the report applies to the primary language. A primary language is that language which must be used in order to effectively communicate. If the person can effectively communicate in English and another language, English should be noted as their primary language.

For the primary language spoken, in the applicable column, report the number of cases for each category.

Report only the recipient or head of household and not members of the recipient's or head of household's family.

Report only one primary language for each case.

Specify in a footnote, by language and number of cases, any entries in the Other Non-English columns.

Total case count for the AFDC (FG, U, BHI) column must equal the total cases reported in Item 8a, Form CA 237 FG/U and Item 8a, Form CA 237 BHI for the same report month.

Total case count for the Social Services column must be consistent with each county's social services reporting under Title XX of the Social Security Act.

Total case count for the Nonassistance Food Stamp column must agree with the total reported on Form FNS-256, Item 1.a., Column (B) for the same report month.

Total Case Count for the Medi-Cal-Only column must equal the total cases reported in Item 10, Form MC 237 for the same report month.

26-221.90 FORM (ABCD 350)

26-221.90

Fill in the information requested at the top and bottom of the report form and show the figures required for each item. Zero entries need not be made.